

NOTICE OF COVERAGE
TO THE DEPARTMENT OF INDUSTRIAL RELATION
WORKERS' COMPENSATION DIVISION
649 MONROE STREET SUITE 3816
MONTGOMERY, AL 36131

STATE UNEMPLOYMENT COMPENSATION TAX NUMBER _____

FEDERAL ID NUMBER _____

CORPORATION/LLC _____

DOING BUSINESS AS _____

ADDRESS _____

ADDITIONAL LOCATIONS COVERED _____

NATURE OF BUSINESS _____ NAICS _____

DATE OF CANCELLATION _____ REASON _____

POLICY NUMBER _____

INSURANCE CARRIER _____

NCCI CODE _____